



# **BAR CODE MEDICATION ADMINISTRATION (BCMA)**

## **PHARMACY CHUI USER MANUAL**

Version 2.0  
May 2002



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# 1 INTRODUCTION

## 1.1 What is BCMA?

Bar Code Medication Administration (BCMA) software is designed to improve the accuracy of the medication administration process, and to increase the efficiency of the administration documentation process. By automating this process, Veterans Administration (VA) medical centers can expect enhanced patient safety and patient care.

As each patient wristband and medication is scanned with a bar code reader, BCMA validates that the medication is ordered, timely, and in the correct dosage — as well as electronically update the patient's Medication Administration History (MAH) Report.

The electronic information that BCMA provides clinicians improves their ability to administer medications safely and effectively to patients on wards during their Med Passes. Not only does BCMA improve the accuracy of the medication administration process, but also the daily communication that occurs between Nursing and Pharmacy staffs.

## 1.2 Features of BCMA


BCMA V. 2.0 provides the following features:

- Increases medication administration accuracy.
- Captures drug accountability data.
- Records Unit Dose, IV Push, IV Piggyback, and large-volume IVs administered to patients.
- Provides the CPRS Med Order Button, a “link” to the Computerized Patient Record System (CPRS) for electronically ordering, documenting, reviewing, and signing verbal- and phone-type STAT and NOW (One-Time) orders for Unit Dose and IV medications already administered to patients.
- Increases the information available to Nursing staff at the patient point of care.
- Reduces wasted medications.
- Improves communication between Nursing and Pharmacy staffs.
- Provides a real-time Virtual Due List (VDL) of orders for medication administration.
- Records refused medications.
- Records missing doses and sends the requests electronically to the Pharmacy.
- Provides a point-of-care data entry/retrieval system.
- Provides full compatibility with the existing **VISTA** system.
- Identifies PRN entries that require Effectiveness comments.
- Replaces the manual Medication Administration Record (MAR) with a Medication Administration History (MAH) to provide an automatic record of a patient's medication administration information.
- Provides a list of variances that identify Early or Late medication administrations and late PRN Effectiveness entries.

### 1.3 Intranet Documentation

You can locate this and other BCMA-related documentation on the Intranet at the following address. It provides background, technical information, and important user documentation.

<http://www.vista.med.va.gov/bcma>

 Remember to bookmark this site for future reference.

## 2 ABOUT THIS MANUAL

This manual contains a description of the Character-based User Interface (CHUI) options for the Pharmacy user. This manual is organized around the Medication Administration Menu Pharmacy Options. It explains how to access and use each option, and provides sample screen captures and reports. An Index and a Glossary are available at the end of this manual.

### 2.1 Special Notations—Documentation Conventions

Responses in **boldface** type indicate what you should type at their computer screen. Example: At the “Patient/Ward:” prompt, type **P** for Patient or **W** for Ward.

Text centered between arrows represents a keyboard key that needs to be pressed for the system to capture a user response or move the cursor to another prompt. **<Enter>** indicates that the Enter key (or Return key on some keyboards) must be pressed. **<Tab>** indicates that the Tab key must be pressed. Example: Press **<Tab>** to move the cursor to the next prompt, Type **Y** for Yes or **N** for No, and then press **<Enter>**.

 Indicates especially important or helpful information.

### 2.2 Package Conventions

**Up-arrows** (caret or a circumflex)

^ In the CHUI application of BCMA, you can move back to previous screens by entering a ^ and then pressing **<Enter>**. Repeat this process until the desired screen is reached.

### 2.3 On-line Help

?, ??, ??? On-line help is available by entering one, two, or three question marks at a prompt. One question mark elicits a brief statement of what information is appropriate for the prompt; two question marks elicits more help, plus the hidden actions shown above; and three question marks will provide more detailed help, including a list of possible answers, if appropriate.

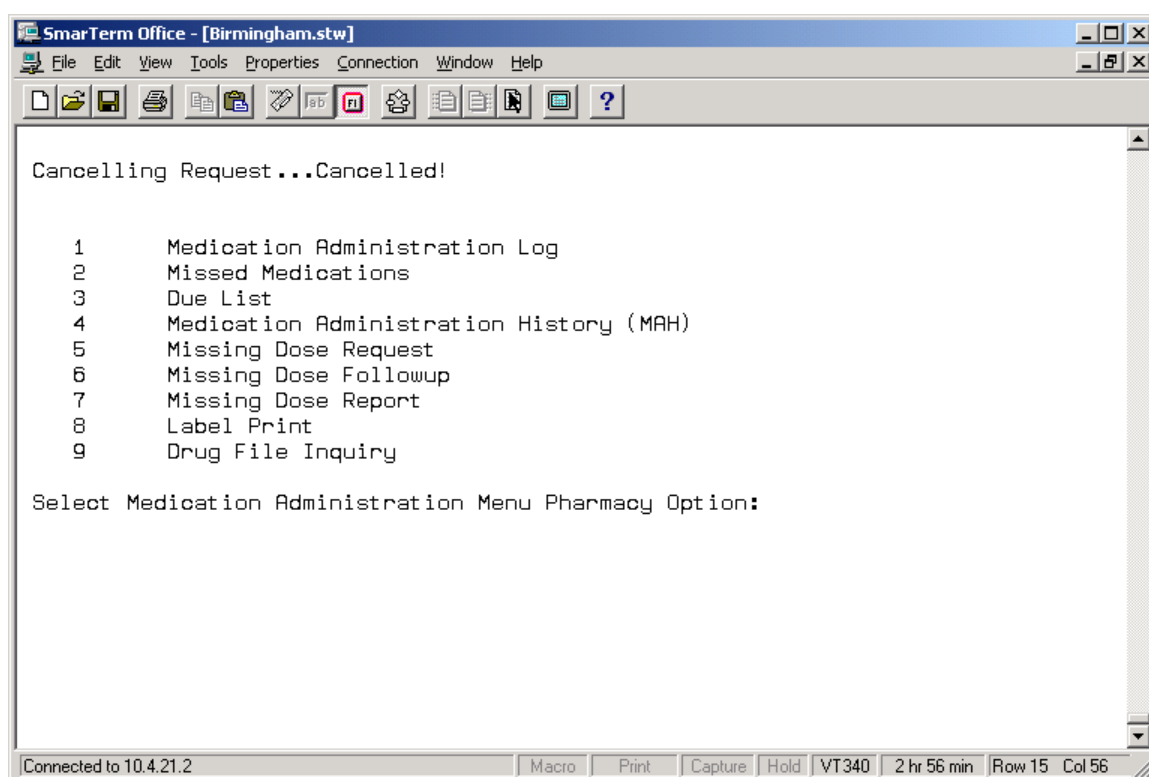
## 3 BCMA MENU—PHARMACY OPTION

### 3.1 Using the Medication Administration Menu Pharmacy Option

The BCMA Pharmacy Option Menu, as illustrated in Exhibit 1, allows Pharmacy personnel to access information that has been entered via the Graphical User Interface (GUI) Virtual Due List (VDL). Because BCMA operates in real time, scanned information is available as soon as the scan is successfully completed. You can access the Pharmacy Option Menu from any **VISTA**-enabled terminal within the medical center.

- ➡ Several of these options are available under both the Nursing and Pharmacy menu options. The options that are unique to Pharmacy include Missing Dose Followup, Missing Dose Report, and Label Print.

**EXHIBIT 1: BCMA PHARMACY OPTION MENU**



#### To Select a Pharmacy Option:

1. At the "Select Medication Administration Menu Pharmacy Option:" prompt, enter the number of the desired option.
2. Press **<Enter>** to display the Sort Screen for the option chosen.

### 3.2 Using ScreenMan Format to Request a Report

Many of the Pharmacy options use a common screen to define selection criteria for reports, as illustrated by Exhibit 2, Report Request Using ScreenMan Format. Other options use specific screens. This section explains the screen prompts for all reports using the Report Information Sort Screen and gives instructions for entering information. Following this section are sample reports that you can run from each of the Medication Administration Menu Pharmacy options.

#### EXHIBIT 2: REPORT REQUEST USING SCREENMAN FORMAT

The screenshot shows a window titled "MNTUS - KEA! 420" with a menu bar (File, Edit, View, Tools, Options, Help) and a toolbar. The main area is titled "Medication Log" and displays the following information:

Request #: ML-20011116-142725

---

Start Date: NOV 16, 2001 At: 10:00a Stop Date: NOV 16, 2001 At: 2:27p

Run by Patient or Ward: Patient  
 Patient Name: ALABAMA, CHRISTOPHER P.  
 Ward Location: Sort by Pt or Room-Bed:

Include Comments: Yes  
 Include Audits: YES

Print to DEVICE: BROWSER (CIRN)  
 Queue To Run At: NOV 16, 2001@14:27

Instructions: PF1-E Submit PF1-Q Cancel PF1-R Refresh <Ret> Re-Edit: █

---

COMMAND: Press <PF1>H for help Insert

**Many of the reports can be sorted and printed in the following ways:**

- By patient. The information will display chronologically.
- By ward. The system can sort the information by patient or room/bed, and display it chronologically within each patient.



#### To Request a Report Using ScreenMan:

1. At the "Start Date:" prompt, type the **start date of the report**, and then press <Enter>. **Note:** The cursor moves to the next prompt each time <Enter> is pressed.

☞ To display a list of standard date and time formats, enter ? in any date or time prompt, and then press <Enter>.


2. At the first "At:" prompt, type the **start time of the report** (in HHMM format), and then press <Enter>.
3. At the "Stop Date:" prompt, type the **stop date**, and then press <Enter>.
4. At the second "At:" prompt, type the **stop time** (in HHMM format), and then press <Enter>.



5. At the “Run by Patient or Ward:” prompt, type **P** for Patient or **W** for Ward, and then press **<Enter>**.
  - If you are sorting the report by ward, at the “Ward Location:” prompt, type the **ward designation**, and then press **<Enter>**. At the “Sort by Pt or Room-Bed:” prompt, type **P** for Patient or **R** for Room, and then press **<Enter>**.
  - If you are sorting the report by patient, at the “Patient Name:” prompt, type the **patient’s name**, and then press **<Enter>**.
-  To display a list of standard name formats, enter **?** at any “Patient Name:” prompt, and then press **<Enter>**.
6. At the “Include Comments:” prompt, enter **Y** for Yes or **N** for No, and then press **<Enter>**.
-  If a “Yes/No” prompt is blank, press **<Enter>** to respond No.
7. At the “Include Audits:” prompt, enter **Y** for Yes or **N** for No, and then press **<Enter>**.
8. At the “Print to Device:” prompt, type a **valid printer**, and then press **<Enter>**.
9. At the “Queue to Run At:” prompt, press **<Enter>** to accept the date displayed, or enter a **date and time**, and then press **<Enter>**. The report will print at the time and date entered.
10. At the “<RET> Re-Edit:” prompt, press **PF1** (or Num Lock), followed by **E**, to submit this report for printing. (Other available actions at this prompt are **PF1-Q** to Quit or **PF1-R** to Refresh the screen.)

The screen clears and the following message displays:

Submitting Your Report Request to Taskman...Submitted!  
Your Task Number Is: XXXX

-  Depending on how your facility is configured, either the PF1 key or Num Lock will be active. For consistency, this manual refers to the PF1 convention, but users are advised that PF1 is the same as Num Lock, if that is the active function at their medical center.

### 3.3 Medication Administration Log Report

The Medication Administration Log Report displays detailed administration information for a specified date/time range. The report can be sorted and printed by patient or by ward, as illustrated in Exhibit 3. When printed by ward, you may sort the view by patient or room/bed. With this sort, the drug administration information will be printed chronologically within each patient.

The Medication Administration Log Reports print in a 132-column output. Exhibit 4, Medication Administration Log Report by Patient, and Exhibit 5, Medication Administration Log Report by Ward, show examples of both Medication Administration Log Reports.

☞ Throughout this manual, the reports shown are provided for illustrative purposes only. Actual reports may be longer.

#### To Print a Medication Administration Log Report:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **1**, and then press **<Enter>** to access the *Medication Administration Log* option.
2. See Section 3.2, Using ScreenMan Format to Request a Report, for instructions on requesting a Medication Administration Log Report.

#### EXHIBIT 3: MEDICATION ADMINISTRATION LOG REPORT

SmarTerm Office - [Birmingham.stw]

File Edit View Tools Properties Connection Window Help

Request #: ML-20020503-103141 Medication Log

Start Date: MAY 3, 2002 At: 0:01a Stop Date: MAY 3, 2002 At: 11:00p

Run by Patient or Ward: Patient

Patient Name: MONTANA, (UTAH) JOHNNY

Ward Location: Sort by Pt or Room-Bed:

Include Comments: Yes

Include Audits: YES

Print to DEVICE: BROWSER

Queue To Run At: MAY 3, 2002@10:31

Instructions: PF1-E Submit PF1-Q Cancel PF1-R Refresh <Ret> Re-Edit:

COMMAND: Press <PF1>H for help Insert

Connected to 10.4.21.2 Macro Print Capture Hold VT340 2 hr 59 min Row 15 Col 59

**EXHIBIT 4: MEDICATION ADMINISTRATION LOG REPORT BY PATIENT**

Continuing/PRN/Stat/One Time Medication/Treatment Record (Detailed Log) (VAF 10-2970 B, C, D)

Run Date: NOV 16, 2001@14:35

Log Type: INDIVIDUAL PATIENT

Page: 1

Patient: ALABAMA,CHRISTOPHER P.      SSN: 500-60-1001      DOB: JAN 1,1949 (52)  
 Sex: MALE      Ht/Wt: 182cm/83kg      Ward: BCMA Rm 401-4  
 Dx: COPD      Last Mvmt: NOV 27,2000@11:33:30      Type: ADMISSION

Reactions: STRAWBERRIES

Activity Date	Orderable Item	Action	Action	Drug/Additive/Solution	U/Ord	U/Gvn Unit
Start Date>	[Dose/Sched/Route/Inj Site]	By	Date/Time			
Stop Date<						
11/16/01 13:44	BENZTROPINE [3MG Q6H PO]	DD	11/16/01 11:00 Given			
11/14/01 12:42>				BENZTROPINE 1MG TAB	3.00	3.00 TAB
	Comments:	11/16/01 13:44 DD	Actually given at 11am computer down during med pass			
		11/16/01 13:45 DD	computer down during 11am med pass			
2/22/02 24:00<						
	Audits:	11/16/01 13:45 DD	Field: ACTION DATE/TIME 'NOV 16, 2001@13:44:58' deleted.			
		11/16/01 13:45 DD	Field: ACTION DATE/TIME Set to 'NOV 16, 2001@11:00'.			
11/16/01 12:25	PROCHLORPERAZINE [10MG Q6H PRN IM Inj Site: Right Arm]	DD	11/16/01 12:25 Given			
11/16/01 12:19>				PROCHLORPERAZINE 5MG/ML INJ 2ML	1.00	1.00 10MG
	PRN Reason: VOMITING					
	PRN Effectiveness: Patient's N/V relieved by 10mg of compazine					
	Entered By: DENVER,DONNA Date/Time: NOV 16, 2001@13:22:55 Minutes: 57					
	Comments: <No Comments>					
2/24/02 24:00<						
	Audits:	11/16/01 13:22 DD	Field: PRN EFFECTIVENESS Set to 'Patient's N/V relieved by 10mg of compazine'.			
11/16/01 12:46	WARFARIN [2MG MO-WE-FR@1300 PO]	DD	11/16/01 12:46 Given			
11/14/01 12:49>				WARFARIN 2MG TABS	1.00	1.00 TAB
	Comments:	11/16/01 13:43 DD	SELECTED IN ERROR			
2/22/02 24:00<						
	Audits:	11/16/01 13:43 DD	Field: ACTION STATUS 'Given' deleted.			
		11/16/01 13:43 DD	Field: ACTION STATUS Set to 'Given'.			
11/16/01 12:46	AMOXICILLIN [250MG Q8H PO]	DD	11/16/01 12:46 Given			
11/14/01 12:44>				AMOXICILLIN 250MG CAP	1.00	1.00 CAP,ORAL
	Comments:	<No Comments>				
11/28/01 24:00<						
	Audits:	<No Audits>				
1/16/01 13:20	MEPERIDINE [50MG ON CALL IM Inj Site: Right Arm]	DD	11/16/01 13:20 Given			
11/16/01 12:22>				MEPERIDINE 50MG SYRINGE	1.00	1.00 50MG
	Comments:	11/16/01 13:20 DD	Surgery called for pre op to be administered			
2/24/02 24:00<						
	Audits:	<No Audits>				

ALABAMA,CHRISTOPHER P.

500-60-1001

Ward: BCMA Room-Bed: 401-4

**EXHIBIT 5: MEDICATION ADMINISTRATION LOG REPORT BY WARD**

ALABAMA, CHRISTOPHER P. (500601001)  
Ward: BCMA Rm-Bed: 401-4

11/16/01 12:25	PROCHLORPERAZINE [10MG Q6H PRN IM Inj Site: Right Arm]	DD	11/16/01 12:25 Given	PROCHLORPERAZINE 5MG/ML INJ 2ML	1.00	1.00 10MG
11/16/01 12:19>						
	PRN Reason: VOMITING					
	PRN Effectiveness: Patient's N/V relieved by 10mg of compazine					
	Entered By: DENVER, DONNA Date/Time: NOV 16, 2001@13:22:55 Minutes: 57					

2/24/02 24:00<

11/16/01 12:46	WARFARIN [2MG MO-WE-FR@1300 PO]	DD	11/16/01 12:46 Given	WARFARIN 2MG TABS	1.00	1.00 TAB
----------------	---------------------------------	----	-------------------------	-------------------	------	----------

11/14/01 12:49>						
2/22/02 24:00<						

11/16/01 12:46	AMOXICILLIN [250MG Q8H PO]	DD	11/16/01 12:46 Given	AMOXICILLIN 250MG CAP	1.00	1.00 CAP, ORAL
----------------	----------------------------	----	-------------------------	-----------------------	------	----------------

11/14/01 12:44>						
11/28/01 24:00<						

11/16/01 13:20	MEPERIDINE [50MG ON CALL IM Inj Site: Right Arm]	DD	11/16/01 13:20 Given	MEPERIDINE 50MG SYRINGE	1.00	1.00 50MG
----------------	---	----	-------------------------	-------------------------	------	-----------

11/16/01 12:22>						
2/24/02 24:00<						

BLACK, TONY (076560987)  
Ward: BCMA Rm-Bed: 422-2

<<<< NO MEDICATIONS FOUND FOR THIS TIME FRAME >>>>

CALIFORNIA, JAMES (500601002)  
Ward: BCMA Rm-Bed: 404-1

<<<< NO MEDICATIONS FOUND FOR THIS TIME FRAME >>>>

CLEVELAND, BCMA (500601084)  
Ward: BCMA Rm-Bed: 420-2

<<<< NO MEDICATIONS FOUND FOR THIS TIME FRAME >>>>

COLORADO, ALBERT (500601055)  
Ward: BCMA Rm-Bed: 420-4

<<<< NO MEDICATIONS FOUND FOR THIS TIME FRAME >>>>

INDIANA, SUSAN (500601013)  
Ward: BCMA Rm-Bed: 421-1

<<<< NO MEDICATIONS FOUND FOR THIS TIME FRAME >>>>

### 3.4 Missed Medications Report

The Missed Medications Report includes Continuous or One-Time Unit Dose medications and IV Piggyback medications that were *not* administered to a patient during a Med Pass. This report also includes patient demographics data, allergy and adverse drug reaction (ADR) information, ward/bed location, the administration date/time, order number from Inpatient Medications V. 5.0, and the medication type of the missed medication. (Self-medications do *not* display on the report.) The report can be sorted and printed by ward or patient, and you can specify the date and time that the report covers, as illustrated in Exhibit 6.

☞ Information that may display on this report includes medications that were scheduled to be administered, but were *not* marked as Given, Held, or Refused. It may also include medications that have been renewed or discontinued shortly after the scheduled administration time, and medications requested from the Pharmacy as Missing Dose Requests. Medications placed on Hold via the Computerized Patient Record System (CPRS) or Inpatient Medications V.5.0 will display on this report with the word “Hold” in parentheses to the right of them.

☞ The Missed Medications Report by Ward should be run after each scheduled admin time. All entries listed on this report should be resolved.

#### To Print a Missed Medications Report:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **2**, and then press <Enter> to access the *Missed Medications* option.
2. See Section 3.2, Using ScreenMan Format to Request a Report, for instructions on requesting a Missed Medications Report.

The reports will print in a 132-column output. Exhibit 7, Missed Medications Report by Patient, and Exhibit 8, Missed Medications Report by Ward, show examples of both Missed Medications Reports.

**EXHIBIT 6: MISSED MEDICATIONS REPORT**

SmarTerm Office - [Birmingham.stw]

File Edit View Tools Properties Connection Window Help

Request #: MM-20020503-103302 Missed Medications

-----

Date for Report: MAY 3, 2002 Start Time: 0:01a Stop Time: 11:00p

Run by Patient or Ward: Patient

Patient Name: MONTANA, (UTAH) JOHNNY

Ward Location: Sort by Pt or Room-Bed:

Print to DEVICE: BROWSER

Queue To Run At: MAY 3, 2002@10:33

Instructions: PF1-E Submit PF1-Q Cancel PF1-R Refresh <Ret> Re-Edit:

-----

COMMAND: Press <PF1>H for help Insert

Connected to 10.4.21.2 Macro Print Capture Hold VT340 3 hr 0 min Row 15 Col 59

**EXHIBIT 7: MISSED MEDICATIONS REPORT BY PATIENT**

MISSED MEDICATIONS from Nov 16, 2001@08:00 thru Nov 16, 2001@14:00  
Run Date: NOV 16, 2001@16:05

Page: 1

Patient: ALABAMA, CHRISTOPHER P.      SSN: 500-60-1001      DOB: JAN 1, 1949 (52)  
Sex: MALE      Ht/Wt: 182cm/83kg      Ward: BCMA Rm 401-4  
Dx: COPD      Last Mvmt: NOV 27, 2000@11:33:30      Type: ADMISSION

Reactions: STRAWBERRIES

Administration Date/Time	Order Num	Medication
Nov 16, 2001@09:00	11V	CEFTAZIDIME INJ
Nov 16, 2001@09:00	61U	MULTIVITAMINS TAB
Nov 16, 2001@09:00	68U	RANITIDINE TAB
Nov 16, 2001@11:00	65U	INSULIN INJ

ALABAMA, CHRISTOPHER P.      500-60-1001      Ward: BCMA Room-Bed: 401-4

**EXHIBIT 8: MISSED MEDICATIONS REPORT BY WARD**MISSED MEDICATIONS from Nov 16, 2001@08:00 thru Nov 16, [2001@14:00](#)

Run Date: NOV 16, 2001@16:18

Page: 1

Ward Location: BCMA

Division: ISC REGION 3

Ward Rm-Bed	Patient	Admin Date/Time	Ord #	Medication
401-4	ALABAMA,CHRISTOPHER P. (1001)	11/16/01@09:00	11V	CEFTAZIDIME INJ
401-4	ALABAMA,CHRISTOPHER P. (1001)	11/16/01@09:00	61U	MULTIVITAMINS TAB
401-4	ALABAMA,CHRISTOPHER P. (1001)	11/16/01@09:00	68U	RANITIDINE TAB
401-4	ALABAMA,CHRISTOPHER P. (1001)	11/16/01@11:00	65U	INSULIN INJ
405-1	KANSAS,THOMAS (1059)	11/16/01@08:30	145U	FUROSEMIDE TAB
405-1	KANSAS,THOMAS (1059)	11/16/01@09:00	141U	ARTIFICIAL TEARS SOLN,OPH
405-1	KANSAS,THOMAS (1059)	11/16/01@09:00	140U	ASCORBIC ACID TAB
405-1	KANSAS,THOMAS (1059)	11/16/01@11:00	141U	ARTIFICIAL TEARS SOLN,OPH
405-1	KANSAS,THOMAS (1059)	11/16/01@11:00	145U	FUROSEMIDE TAB
405-1	KANSAS,THOMAS (1059)	11/16/01@11:00	135U	PROCHLORPERAZINE TAB
405-1	KANSAS,THOMAS (1059)	11/16/01@13:00	141U	ARTIFICIAL TEARS SOLN,OPH
405-1	KANSAS,THOMAS (1059)	11/16/01@13:30	145U	FUROSEMIDE TAB
404-2	MONTANA,UTAH) JOHNNY (1000)	11/16/01@09:00	35U	BENZTROPINE TAB
404-2	MONTANA,UTAH) JOHNNY (1000)	11/16/01@11:00	36U	PROCHLORPERAZINE TAB
404-2	MONTANA,UTAH) JOHNNY (1000)	11/16/01@13:00	35U	BENZTROPINE TAB
404-2	MONTANA,UTAH) JOHNNY (1000)	11/16/01@13:00	2U	DILTIAZEM TAB
404-2	MONTANA,UTAH) JOHNNY (1000)	11/16/01@13:00	38U	WARFARIN TAB



### 3.5 Due List Report

The Due List Report in CHUI BCMA displays the information available from the VDL within GUI BCMA Menu. It provides detailed information about active and future Unit Dose and IV medication orders that are “due” for administering to a patient — during a timeframe that you specify — within a 24-hour period. Within the date/time range, the report may be printed by patient or by ward, and include/exclude the following:

- Continuous, PRN, On-Call, and One-Time Schedule Types
- Unit-Dose or IV medications
- Addendums

The Due List Report includes patient demographics data, allergy and ADR information, plus detailed information about an order, such as whether (or *not*) the medication is a self-med; the medication type, schedule, dose, and route; Special Instructions; administration times; Last Given date and time; Start/Stop date and time; and the individual(s) who verified the order.

☛ One-Time medications display on the Due List as specified in each facility site parameters. Only medications active at the time the Due List is printed will display on the report. The printed Due List and the VDL within GUI BCMA may *not* match if orders have been added, discontinued, or renewed after printing.

To enter information for the report, perform the steps on the next page to enter information on the screen illustrated in Exhibit 9, Due List Report Request Screen.

#### EXHIBIT 9: DUE LIST REPORT REQUEST SCREEN

MNTUS - KEAI 420

File Edit View Tools Options Help

Request #: DL-20011120-092958 Due List

Start Date: NOV 20, 2001 Start Time: 10:00a Stop Time: 12:00n

Run by Patient or Ward: Patient  
Patient Name: ALABAMA, CHRISTOPHER P.  
Ward Location: Sort by Pt or Room-Bed:

Include Schedule - Continuous: Yes Include Order Types - IV: Yes  
PRN: No Unit Dose: Yes  
On Call: No  
One-Time: No Include Addendums: Yes

Print to DEVICE: BROWSER (CIRN)  
Queue To Run At: NOV 20, 2001@09:29

Instructions: PF1-E Submit PF1-Q Cancel PF1-R Refresh <Ret> Re-Edit:

Exit Save Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND: Press <PF1>H for help Insert

**To Print a Due List Report:**

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **3**, and then press **<Enter>** to access the *Due List* option.
2. At the “Start Date:” prompt, type the **date**, and then press **<Enter>**.
3. At the “Start Time:” prompt, type the **time**, and then press **<Enter>**.
4. At the “Stop Time:” prompt, type a **date**, and then press **<Enter>**.
5. At the “Run by Patient or Ward:” prompt, type **P** for Patient or **W** for Ward, and then press **<Enter>**.
  - If you are sorting the report by patient, at the “Patient Name:” prompt, type the **patient's name**, and then press **<Enter>**.
  - If you are sorting the report by ward, at the “Ward Location” prompt, type the **ward designation**, and then press **<Enter>**. At the “Sort by Pt or Room-Bed:” prompt, type **P** for Patient or **R** for Room/Bed, and then press **<Enter>**.
6. At the “Include Schedule:” prompts, type **Y** for the desired Schedule Type(s) and **N** for the others and, then press **<Enter>**.
7. At the “Include Order Types:” prompts, type **Y** or **N** at the “IV:” prompt and “Unit Dose:” prompt, and then press **<Enter>**. If you enter **N** at both prompts, no orders will print on the report.
8. At the “Include Addendums:” prompt, type **Y** or **N**, and then press **<Enter>**. When **Y** is entered, an additional section called Changes/Addendums to Orders will print at the bottom of the report. You can use this section of the report to manually record information about a medication administration.
9. At the “Print to Device:” prompt, type the **desired printer**, and then press **<Enter>**.
10. At the “Queue to Run At:” prompt, type the **date you want** to run a report, and then press **<Enter>**. If you press **<Enter>**, the system defaults to the current date and time.
11. At the “<Ret> Re-Edit:” prompt, press the **PF1** followed by **E** (Exit) to submit the request for printing. (Other available actions at this prompt are **PF1 - Q** to Quit, or **PF1-R** to Refresh the screen.)

The screen clears and the following message displays:

Submitting Your Report Request to Taskman...Submitted!  
Your Task Number Is: XXXX

The reports will print in a 132-column output. Exhibit 10, Due List Report by Patient, and Exhibit 11 Due List Report by Ward, show examples of both Due List Reports.

**EXHIBIT 10: DUE LIST REPORT BY PATIENT**

MEDICATION DUE LIST for NOV 20, 2001 1000-1200  
 Order Type(s): IV & Unit Dose -- Continuous

Run Date: NOV 20, 2001@09:43  
 Page: 1

Patient: ALABAMA, CHRISTOPHER P. SSN: 500-60-1001 DOB: JAN 1, 1949 (52)  
 Sex: MALE Ht/Wt: 182cm/83kg Ward: BCMA Rm 401-4  
 Dx: COPD Last Mvmt: NOV 27, 2000@11:33:30 Type: ADMISSION

Reactions: STRAWBERRIES

Self	Last	Start	Stop	Verifying
Med Sched Medication Dose Route Given Date Date Rph/Rn				
IV-C DEXTROSE 5% IN 1/2NS W 20MEQ KCL INJ, SOLN *D5 1/2NS KCL 20MEQ (1000 ML) Spec Inst: <None Entered>	Give: 20MEQ Q6H Admin Times: 0000 IV	11/15/01	11/22/01	AA/***
UD-C ALBUTEROL AEROSOL *ALBUTEROL INHALER (53) Spec Inst: !SHAKE WELL TAKE 2 PUFFS	Give: 2 PUFFS Q6H Admin Times: 1100 INHL	11/20/01	2/28/02	AA/DD
UD-C BENZTROPINE TAB *BENZTROPINE 1MG TAB (5321) Spec Inst: <None Entered>	Give: 3MG Q6H Admin Times: 1100 PO	11/16/01@1100	11/14/01	2/22/02 AA/DD
UD-C DILTIAZEM TAB *DILTIAZEM 30MG TABS (3819) Spec Inst: <None Entered>	Give: 30MG Q6H Admin Times: 1100 PO	11/20/01	2/28/02	AA/DD
UD-C INSULIN INJ *INSULIN REGULAR (HUMAN) U-100 (5176) Spec Inst: !FOR BS 200-250--> 2 UNITS; 251-300--> 4 UNITS	Give: SLIDING SCALE QID AC Admin Times: 1100 SQ	11/15/01@1026	11/14/01	2/22/02 AA/DD
UD-C ISOSORBIDE DINITRATE TAB, ORAL *ISOSORBIDE 10MG TAB (240) Spec Inst: <None Entered>	Give: 20MG Q6H Admin Times: 1100 PO	11/20/01	2/28/02	AA/DD

Changes/Addendums to orders

CON	PRN	Drug:	Give:	Start:	Stop:
OT	OC	Spec		Initials:	Date:
		Inst:			
CON	PRN	Drug:	Give:	Start:	Stop:
OT	OC	Spec		Initials:	Date:
		Inst:			
CON	PRN	Drug:	Give:	Start:	Stop:
OT	OC	Spec		Initials:	Date:
		Inst:			

**EXHIBIT 11: DUE LIST REPORT BY WARD**

```

=====
MEDICATION DUE LIST for DEC 03, 2001 0800-1000                                Run Date: DEC 03, 2001@09:52
Order Type(s): IV & Unit Dose -- Continuous On-Call One-Time                                Page: 1

Patient: ALABAMA,CHRISTOPHER P.          SSN: 500-60-1001          DOB: JAN 1,1949 (52)
Sex: MALE                                Ht/Wt: 182cm/83kg          Ward: BCMA Rm 401-4
Dx: COPD                                Last Mvmt: NOV 27,2000@11:33:30      Type: ADMISSION

Reactions: STRAWBERRIES
=====
Self  Med  Sched  Medication                                Dose                                Route  Last  Start  Stop  Verifying
Med                                     Given                               Date    Date    Rph/Rn
-----
UD-C   ARTIFICIAL TEARS SOLN,OPH          Give: 2 DROPS Q2H  OU    7/25/01  11/2/01          CT/GNII
      *ARTIFICIAL TEARS /ML (798)      Admin Times: 0900
      Spec Inst: ONLY WHILE PATIENT IS
      AWAKE
-----
UD-C   BENZTROPINE TAB                  Give: 1MG BID      PO    7/25/01  11/2/01          CT/GNII
      *BENZTROPINE 1MG TAB (5321)      Admin Times: 0900
      Spec Inst: BEGIN TODAY
-----
UD-C   MULTIVITAMINS TAB                Give: 1 TABLET   QD    PO    7/25/01  11/2/01          CT/GNII
      *MULTIVITAMIN TAB (1389)         Admin Times: 0900
      Spec Inst: <None Entered>
-----
UD-C   NITROGLYCERIN PATCH              Give: 10MG/24 HOURS QAM TOP 7/25/01  11/2/01          CT/GNII
      *NITROGLYCERIN PATCHES 10MG/24HR (2313)
      Admin Times: 0900
      Spec Inst: APPLY PATCH AT 0900
      AND REMOVE PATCH AT 2100
-----
UD-OC  FUROSEMIDE INJ,SOLN              Give: 20MG ON CALL IVP    7/25/01  11/2/01          CT/GNII
      *FUROSEMIDE 10MG/ML INJ/ML (651)
      Spec Inst: AFTER EACH UNIT OF
      PRBC'S
=====
ALABAMA,CHRISTOPHER P.                                500-60-1001                                Ward: BCMA Room-Bed: 401-4
=====
MEDICATION DUE LIST for DEC 03, 2001 0800-1000                                Run Date: DEC 03, 2001@09:52
Order Type(s): IV & Unit Dose -- Continuous On-Call One-Time                                Page: 1

Patient: CALIFORNIA,JAMES          SSN: 500-60-1002          DOB: JAN 1,1949 (52)
Sex: MALE                                Ht/Wt: 182cm/83kg          Ward: BCMA Rm 404-1
Dx: COPD                                Last Mvmt: NOV 27,2000@11:32:50      Type: ADMISSION

Reactions: PENICILLIN G-RELATED PENICILLINS, PT EXPOSED TO MOLD
=====
Self  Med  Sched  Medication                                Dose                                Route  Last  Start  Stop  Verifying
Med                                     Given                               Date    Date    Rph/Rn
-----
UD-C   ALBUTEROL SOLN,INHL              Give: 3ML Q4H      INHL    7/25/01  11/2/01          CT/AN
      *ALBUTEROL 0.083% INHL SOLUTION
      3ML EA. (5322)                    Admin Times: 0900
      Spec Inst: <None Entered>
UD-OC  DIPHENHYDRAMINE CAP,ORAL          Give: 50MG ON CALL      PO    7/25/01  11/2/01          CT/AN
      *DIPHENHYDRAMINE 50MG CAP (1477)
      Spec Inst: 30 MINUTES PRIOR TO
      CISPLATIN
-----
UD-OC  FUROSEMIDE INJ,SOLN              Give: 20MG ON CALL      IVP    7/25/01  11/2/01          CT/AN
      *FUROSEMIDE 10MG/ML INJ/ML (651)
      Spec Inst: AFTER EACH UNIT OF
      PRBC'S
=====
CALIFORNIA,JAMES                                500-60-1002                                Ward: BCMA Room-Bed: 404-1
=====

```

### 3.6 Medication Administration History (MAH) Report

You can print an MAH Report for Unit Dose and IV medication orders. This report lists a clinician's name and initials, and the exact time that an action was taken on an order (in a conventional MAR format). Each order is listed alphabetically by the orderable item. The date column lists three asterisks (\*\*\*) if a medication was Discontinued.

An MAH Report also includes patient demographics data, allergy and ADR information, plus detailed information about the order, such as the drug/additive/solution; the medication schedule, dose, route, and injection site; the actual Administration Times; the name and initials of the clinician who administered the medication; and the individuals who verified the order. It also includes information about when an order is placed on, and taken off Hold by a Provider.

☛ If no parameter is defined in CPRS, the maximum date range defaults to a seven-date range, as in the previous version of BCMA. For example, a report would list the Sunday preceding, and the Saturday following, the date that you selected for the Report.

☛ When a student nurse is administering medication under the supervision of an instructor, and both individuals hold the appropriate security keys (PSB STUDENT and PSB INSTRUCTOR), an asterisk prints next to the student's initials on the MAH. A key prints at the bottom of the MAH to indicate the date/time the medication was given, along with the names of the student and instructor.

#### To Print an MAH Report:

1. At the "Select Medication Administration Menu Pharmacy Option:" prompt, type **4**, and then press **<Enter>** to access the *Medication Administration History (MAH)* option.
2. See Section 3.2, Using ScreenMan Format to Request a Report, for instructions on printing an MAH. Exhibit 12, MAH Report by Patient, shows an example of the MAH Report.

**EXHIBIT 12: MEDICATION ADMINISTRATION HISTORY REPORT BY PATIENT**

Continuing/PRN/Stat/One Time Medication/Treatment Record (VAF 10-2970 B, C, D)  
Run Date: NOV 20, 2001@12:47

Page: 1

Patient: ALABAMA, CHRISTOPHER P.      SSN: 500-60-1001      DOB: JAN 1, 1949 (52)  
Sex: MALE      Ht/Wt: 182cm/83kg      Ward: BCMA Rm 401-4  
Dx: COPD      Last Mvmt: NOV 27, 2000@11:33:30      Type: ADMISSION

Reactions: STRAWBERRIES

Start Date	Stop Date	Admin Times	11/18/2001	11/19/2001	11/20/2001	11/21/2001	11/22/2001	11/23/2001
11/24/2001								
11/20/2001 02/28/2002 24:00		0500			G1232 DD			
ALBUTEROL AEROSOL		1100						
ALBUTEROL INHALER Give: 2		1700						
PUFFS INHL Q6H		2300						
Spec Inst: !SHAKE WELL TAKE 2								
PUFFS								
RPH: AA RN: DD								
11/14/2001 11/28/2001 24:00		0500			G1231 DD			
AMOXICILLIN CAP, ORAL		1300						
AMOXICILLIN 250MG CAP Give:		2100						
250MG PO Q8H								
RPH: AA RN: DD								
11/14/2001 02/22/2002 24:00		0500			G1233 DD			
BENZTROPINE TAB		1100						
BENZTROPINE 1MG TAB Give:		1700						
3MG PO Q6H		2300						
RPH: AA RN: DD								
11/15/2001 11/22/2001 24:00		0900						
CEFTAZIDIME INJ		2100						
CEFTAZIDIME 1 GM, DEXTROSE								
5% 50 ML Give: IVPB Q12H								
INFUSE OVER 30 MIN.								
RPH: AA RN:								
11/20/2001 02/28/2002 24:00		0500			G1233 DD			
DILTIAZEM TAB		1100						
DILTIAZEM 30MG TABS Give:		1700						
30MG PO Q6H		2300						
RPH: AA RN: DD								
11/14/2001 02/22/2002 24:00		0600						
INSULIN INJ		1100						
INSULIN REGULAR (HUMAN)		1630						
U-100 Give: SLIDING SCALE SQ		2000						
QID AC								
Spec Inst: !FOR BS 200-250-->								
RPH: AA RN: DD								

Initial - Name Legend  
DD DENVER, DONNA

Status Codes  
C - Completed  
G - Given  
H - Held  
I - Infusing  
M - Missing Dose Requested  
R - Refused  
RM - Removed  
S - Stopped

### 3.7 Missing Dose Request

The *Missing Dose Request* option lets you submit a Missing Dose Request to Pharmacy for filling an active medication order that is missing. This electronic request is communicated to the Pharmacy via a predefined printer and/or via an electronic MailMan message sent to a predefined mail group. Your medical center may opt to use both mechanisms for Missing Dose Request notifications.

#### To Submit a Missing Dose Request:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **5**, and then press **<Enter>** to access the *Missing Dose Request* option. The prompts you complete are shown in Exhibit 13, Missing Dose Request Screen.
2. At the “Patient Name:” prompt, type the **patient’s name**, and then press **<Enter>**.

**EXHIBIT13: MISSING DOSE REQUEST SCREEN**

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File Edit View Tools Options Help

Request #: MD-20011120-130535 Missing Dose Request

Requesting User: ALBANY, ALBERT Division: ISC REGION 3

Request Date/Time: NOV 20, 2001@13:05

Patient Name: ALABAMA, CHRISTOPHER P.

Ward Location: BCMA

Room/Bed: 401-4

Missing Drug: ISOSORBIDE 10MG TAB

Dosage Needed: 20MG

Reason Needed: NOT AVAILABLE

Schedule: Q6H

Administration Date/Time: NOV 20, 2001@17:00

Needed by Date/Time: NOV 20, 2001@18:00

Exit Save Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND: Press <PF1>H for help Insert

3. At the “Missing Drug:” prompt, type the **medication**, and then press <Enter>.

☛ To view a list of appropriate formats for the “Missing Drug:” prompt, type a ? at the “Missing Drug:” prompt, and then press <Enter>. An explanation about the ways to enter a medication will display at the bottom portion of the screen.

4. At the “Dosage Needed:” prompt, type the **dosage**, and then press <Enter>.

5. At the “Reason Needed:” prompt, type a **reason**, and then press <Enter>.

☛ To view a list of allowable reasons, type a ? at the “Reason Needed:” prompt, and then press <Enter>. The list of reasons will display at the bottom portion of the screen.

6. At the “Schedule:” prompt, type the **schedule** for the medication being requested.

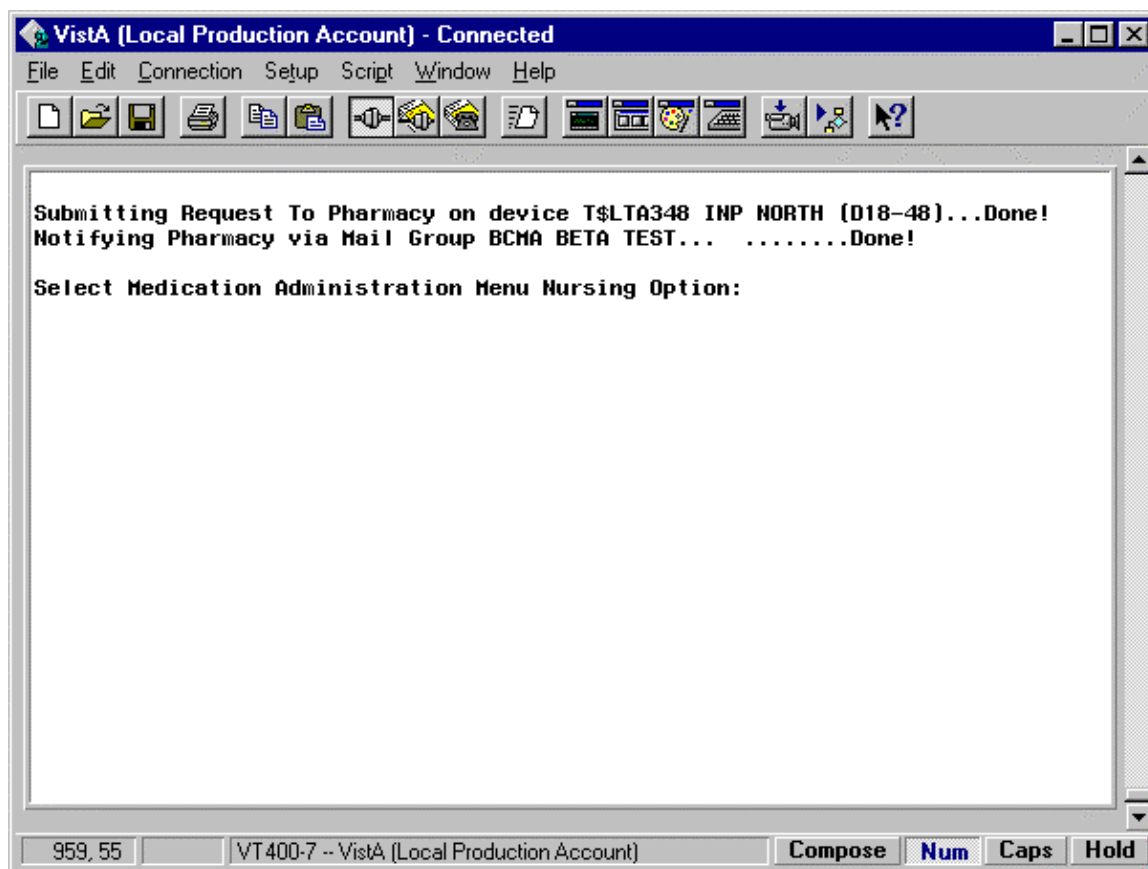
7. At the “Administration Date/Time:” prompt, type a **date and time** (in date@time format), and then press <Enter>.

8. At the “Needed by Date/Time:” prompt, type a **date and time** (in date@time format), and then press <Enter>.

9. At the “COMMAND:” prompt, type **S** for Save, **E** for Exit, or **R** for Refresh, and then press <Enter>.

☛ If you try to exit the screen and the data has *not* been saved, the system will display the “Save changes before leaving form (Y/N)?” prompt. If you enter **N**, the data will *not* be saved. If you enter **Y**, the changes will be saved. The Menu Selection Screen will display with a message confirming that the request has been submitted to the Pharmacy via the appropriate mail group, as shown in Exhibit 14, Missing Dose Request Confirmation Screen. The letter “M” displays in the Status column of the VDL to indicate that a Missing Dose Request was sent to the Pharmacy.



**EXHIBIT 14: MISSING DOSE REQUEST CONFIRMATION SCREEN**

The Missing Dose Request will print on the designated printer. The E-mail message that is generated displays as shown in Exhibit 15, Missing Dose E-mail Notification.

**EXHIBIT 15: MISSING DOSE E-MAIL NOTIFICATION**

---

Report: MISSING DOSE REQUEST  
Date Created: Nov 20, 2001 @ 13:05:42

---

REQUEST NUMBER:.....MD-20011120-175640  
DATE/TIME ENTERED:.....NOV 20, 2001 @ 13:05:40  
ENTERED BY:.....ALBANY,ALBERT  
DIVISION:.....BCMA  
SENT TO MAILGROUP:.....PHARM/IP TECHS  
PRINTED ON DEVICE:.....BROWSER  
PATIENT:.....ALABAMA, CHRISTOPHER P.  
SSN (LAST 4 NUMBERS):.....1001  
WARD LOCATION:.....BCMA  
ROOM/BED:.....401-4  
DRUG REQUESTED:.....ISORSORBIDE 10MG TAB  
DOSE NEEDED:.....20MG  
REASON NEEDED:.....NOT AVAILABLE  
ADMINISTRATION DATE/TIME:.....NOV 20, 2001 @ 1700  
NEEDED BY DATE/TIME:.....NOV 20, 2001 @ 1800

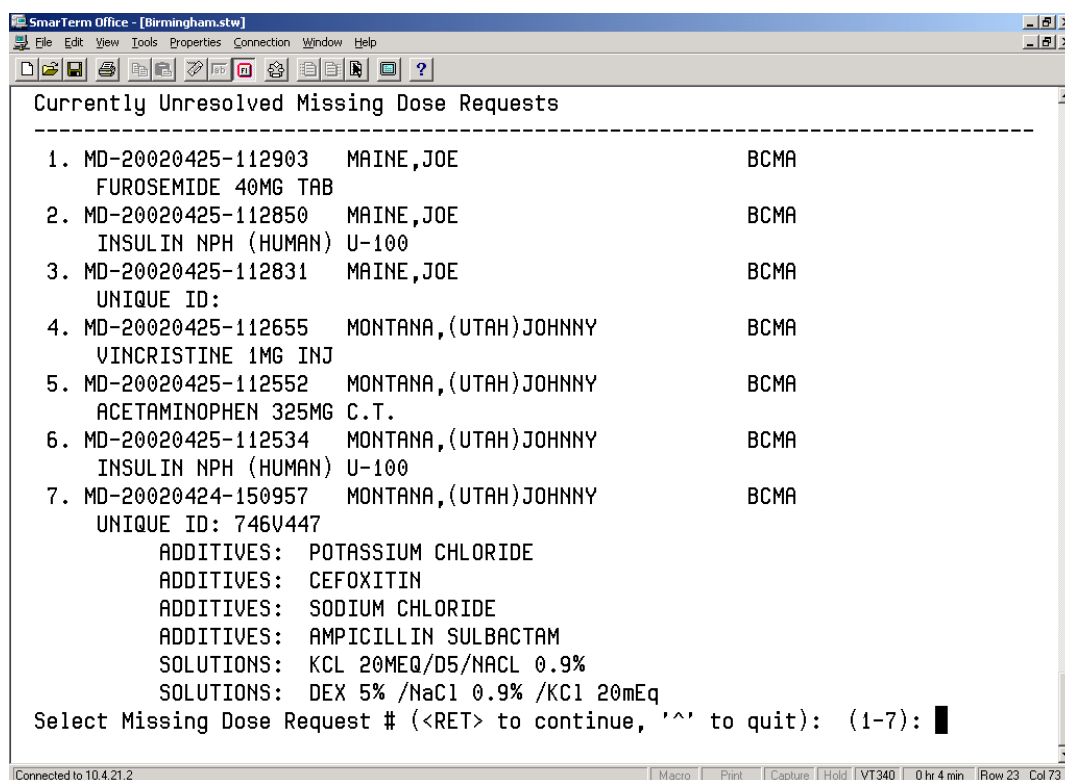
### 3.8 Missing Dose Followup

The *Missing Dose Followup* option allows Pharmacy to electronically respond to a Missing Dose Request submitted by Nursing from GUI BCMA using the VDL. Pharmacy can enter a reason that the dose was missing, the time the dose was delivered, and the name of the individual who delivered the dose.

#### To Create a Missing Dose Follow-up Message:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **6**, and then press **<Enter>** to access the *Missing Dose Followup* option. The Missing Dose Request Screen, and the prompts you will complete, is shown in Exhibit 16.
2. At the “Select Missing Dose Request # (<RET> to continue, ‘^’ to quit): (1-7):” prompt, type the **number** opposite the Missing Dose that you want to create a follow-up message for, and then press **<Enter>**. The Missing Dose Request Pharmacy Follow-up Information Screen, shown in Exhibit 17 then displays.

**EXHIBIT 16: MISSING DOSE REQUEST SCREEN**



SmarTerm Office - [Birmingham.stw]

File Edit View Tools Properties Connection Window Help

Currently Unresolved Missing Dose Requests

1.	MD-20020425-112903	MAINE,JOE	BCMA
	FUROSEMIDE 40MG TAB		
2.	MD-20020425-112850	MAINE,JOE	BCMA
	INSULIN NPH (HUMAN) U-100		
3.	MD-20020425-112831	MAINE,JOE	BCMA
	UNIQUE ID:		
4.	MD-20020425-112655	MONTANA,(UTAH)JOHNNY	BCMA
	VINCRIStINE 1MG INJ		
5.	MD-20020425-112552	MONTANA,(UTAH)JOHNNY	BCMA
	ACETAMINOPHEN 325MG C.T.		
6.	MD-20020425-112534	MONTANA,(UTAH)JOHNNY	BCMA
	INSULIN NPH (HUMAN) U-100		
7.	MD-20020424-150957	MONTANA,(UTAH)JOHNNY	BCMA
	UNIQUE ID: 746V447		
	ADDITIVES: POTASSIUM CHLORIDE		
	ADDITIVES: CEFOXITIN		
	ADDITIVES: SODIUM CHLORIDE		
	ADDITIVES: AMPICILLIN SULBACTAM		
	SOLUTIONS: KCL 20MEQ/D5/NaCl 0.9%		
	SOLUTIONS: DEX 5% /NaCl 0.9% /KCl 20mEq		

Select Missing Dose Request # (<RET> to continue, '^' to quit): (1-7):

Connected to 10.4.21.2

Macro Print Capture Hold VT340 0 hr 4 min Row 23 Col 73

**EXHIBIT 17: MISSING DOSE REQUEST PHARMACY FOLLOW-UP INFORMATION SCREEN**

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File Edit View Tools Options Help

Request #: MD-20011120-131954 Missing Dose Request

---

Requesting User: ALBANY,ALBERT Division: ISC REGION 3  
 Request Date/Time: NOV 20,2001@13:19

Patient Name: ALABAMA,CHRISTOPHER P. Ward: BCMA  
 Drug Requested: ISOSORBIDE 10MG TAB Room/Bed: 401-4

\*\*\*\*\* Pharmacy Followup Information \*\*\*\*\*

Dose Delivered: YES  
 Delivered By: ALBANY,ALBERT  
 Delivery Date/Time: NOV 20,2001@18:00  
 Pharmacy Reason Needed: ON PRE-EXCHANGE/PICK LIST

---

Exit Save Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND: S Press <PF1>H for help Insert

- At the “Dose Delivered:” prompt, type **Yes**, and then press <Enter>. If a medication is no longer active or will *not* be delivered, type **No** at this prompt.

☞ There may be instances where a missing dose is requested for an item that is no longer active. If the medication is no longer an active order or will *not* be delivered, enter **No** at this prompt.


- At the “Delivery Date/Time:” prompt, type **N** (for Now) or the **date and time** that the dose was delivered, and then press <Enter>.

5. At the “Pharmacy Reason Needed:” prompt, type the **number that corresponds to your selection** in Exhibit 18, Pharmacy Reasons Needed Selection Table.

**EXHIBIT 18: PHARMACY REASONS NEEDED SELECTION TABLE**

1	WS/FILL ON REQUEST
2	FOUND IN DRAWER
3	PHARMACIST ERROR
4	EXPIRED/NO ORDER
5	ATC ERROR
6	NOT ENOUGH PRNS
7	TECHNICIAN ERROR
8	ON PRE- EXCHANGE/PICK LIST
9	PATIENT TRANSFERRED
10	NURSE ADMIN ERROR

6. At the “COMMAND:” prompt, perform one of the following actions:
- Type **S**, and then press **<Enter>** to save the information that you entered for the Missing Dose Request selected.
  - Type **E**, and then press **<Enter>** to exit the Followup Information Screen.
  - Type **R**, and then press **<Enter>** to refresh the Followup Information Screen.

 If you try to exit the screen without saving the data, the system displays the “Save changes before leaving form (Y/N)?” prompt. Type **N** for No, or **Y** for Yes, and then press **<Enter>**. The system confirms that the data has been saved, and returns you to the “Select Bar Code Medication Administration Manager Option:” prompt.

### 3.9 Missing Dose Report

The *Missing Dose Report* option provides information about Missing Doses that were submitted by a ward or for all wards. This report displays the total number of Missing Doses submitted for each ward location selected, the dispense drug requested, and the total number of Missing Dose Requests submitted for the dispensed drug within the selected date range.

#### To Print a Missing Dose Report:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **7**, and then press **<Enter>** to access the *Missing Dose Report* option. The Missing Dose Report Request Screen will display, as shown in Exhibit 19.
2. At the “Start Date:” prompt, type the **start date of the report**, and then press **<Enter>**. The Missing Dose Request Pharmacy Follow-up Information Screen displays. **Note:** The cursor moves to the next prompt each time that you press **<Enter>**.

➡ To display a list of standard date and time formats, enter **?** in any date or time prompt, and then press **<Enter>**.

#### EXHIBIT 19: MISSING DOSE REPORT REQUEST SCREEN

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File Edit View Tools Options Help

Request #: MD-20011121-084051 Missing Dose By Ward

Start Date: NOV 20, 2001 At: 0:01a

Stop Date: NOV 20, 2001 At: 12:00m

Ward (Return for All): BCMA

Print to DEVICE: BROWSER (CIRN)  
Queue To Run At: NOV 21, 2001@08:40

Instructions: PF1-E Submit PF1-Q Cancel PF1-R Refresh <Ret> Re-Edit: █

COMMAND: Press <PF1>H for help Insert

3. At the first “At:” prompt, type the **start time of the report** (in HHMM format), and then press <Enter>.
4. At the “Stop Date:” prompt, type the **stop date**, and then press <Enter>.
5. At the second “At:” prompt, type the **stop time** (in HHMM format), and then press <Enter>.
6. At the “Ward (Return for ALL):” prompt, press <Enter> to display a list of all wards, or enter the ward for which you want to run a report.
7. At the “Print to DEVICE:” prompt, type a **valid printer**, and then press <Enter>.
8. At the “Queue to Run At:” prompt, press <Enter> to accept the date displayed, or enter a **date and time**, and then press <Enter>. The report will print at the time and date entered.
9. At the “<RET> Re-Edit:” prompt, press **PF1** (or Num Lock), followed by **E**, to submit this report for printing. (Other available actions at this prompt are **PF1-Q** to Quit or **PF1-R** to Refresh the screen.)

The screen clears and the following message displays:

Submitting Your Report Request to Taskman...Submitted!  
Your Task Number Is: XXXX

- ☛ Depending on how your facility is configured, either the PF1 key or Num Lock will be active. For consistency, this manual refers to the PF1 convention, but users are advised that PF1 is the same as Num Lock, if that is the active function at their medical center.

A sample report is shown in Exhibit 20, Missing Dose Report.

**EXHIBIT 20: MISSING DOSE REPORT**

MISSING DOSE REPORT FROM NOV 20, 2001@00:01 thru NOV 20, 2001@24:00		Run Date: NOV 21, 2001@08:44
SELECTED WARDS		Page: 1
=====		
Ward Location	Medication	Total
-----		
BCMA	ISOSORBIDE 10MG TAB	1
	Dosage Schedule: Q6H	
	ISOSORBIDE 10MG TAB	1
	Dosage Schedule: Q6H	
		-----
	Ward BCMA Total:	2
SPINAL CORD INJURY WARD		-----
	Ward SPINAL CORD INJURY WARD Total:	0
STATE HOME		-----
	Ward STATE HOME Total:	0
TEST,TWO		-----
	Ward TEST,TWO Total:	0
		=====
	Report Total:	2



### 3.10 Label Print

The *Label Print* option allows Pharmacy to create bar coded medication labels using a Zebra printer. Exhibit 21, Bar Code Label Screen, illustrates the screen used to create bar code labels.

**EXHIBIT 21: BAR CODE LABEL SCREEN**

#### To Create Bar Code Labels:

You are required to enter information at the Drug Name, Filled By, and Checked By prompts.

1. At the “Lot #:” prompt, enter the **Lot #**, and then press **<Enter>**.
2. At the “Expiration Date:” prompt, enter a **date**, and then press **<Enter>**.
3. At the “Manufacturer:” prompt, enter the **manufacturer's name**, and then press **<Enter>**.
4. At the “Quantity:” prompt, enter a **quantity** between 0.25 and 9999 (up to two decimal places), and then press **<Enter>**.
5. At the “Filled By:” prompt, type your **initials**, and then press **<Enter>**.
6. At the “Checked By:” prompt, type your **initials**, and then press **<Enter>**.

If it is unknown who will fill or check the order, enter three **underscores** at the “Filled By:” or “Checked By:” prompts, and then press **<Enter>**. This will provide space for another individual to initial the label at a later time.


7. At the “# Labels:” prompt, type the **number of labels** needed between 1 and 999, and then press **<Enter>**.
8. At the “Patient Name:” prompt, type the **patient’s name**, and then press **<Enter>**.
9. At the “Dosage:” prompt, enter a **dosage** and then press **<Enter>**.

☞ The “Dosage:” prompt will accept entries from two to 30 alpha/numeric characters.

10. At the “Print to Device:” prompt, type the **Zebra printer** assigned to the ward, and then press **<Enter>**.
11. At the “Queue to Run:” prompt, enter a **date and time**, and then press **<Enter>**.
12. At the “<RET> Re-Edit:” prompt, press **PF1 - E** to print the label, **PF1 - Q** to Quit or **PF1 - R** to Refresh the screen.

A sample label is shown in Exhibit 22, Sample Bar Code Label.

#### EXHIBIT 22: SAMPLE BAR CODE LABEL

<b>Drug: BECLOMETHASONE INHALER</b>	
	<b>KZTAAR,*TEST*KEITH D</b>
	Ward: BCMA
	
1644	<b>Filled /Checked By; CLT/CLT</b>

### 3.11 Drug File Inquiry

The *Drug File Inquiry* option allows Pharmacy to check the bar-coded Internal Entry Number (IEN) Code listed on dispensed Unit Dose medications. This is particularly useful in helping resolve discrepancies when the incorrect bar code is affixed to a medication.

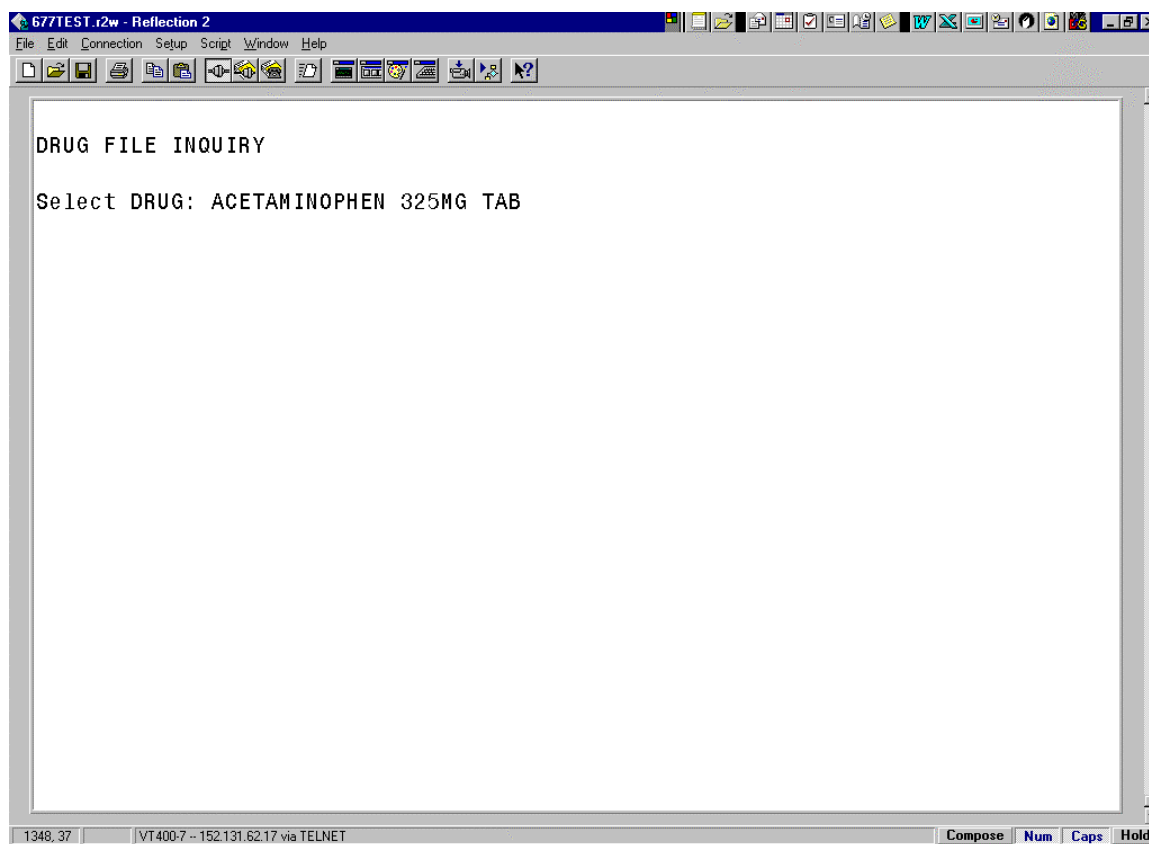
On a medication bar code, the IEN appears on the first line next to the Drug name. Any additional synonyms loaded also appear under the Synonym heading of this option.

#### To run a Drug File Inquiry:

1. At the “Select Medication Administration Menu Pharmacy Option:” prompt, type **9**, and then press **<Enter>** to access the *Drug File Inquiry* option.
2. At the “Select DRUG:” prompt, as shown in Exhibit 23, Drug File Inquiry Screen 1, type the **name and dosage of the drug**, and then press **<Enter>**.

☞ You can display a list of standard formats for listing a medication, by entering a **?** at the “Select DRUG:” prompt, and then pressing **<Enter>**. The Drug File information will display, as illustrated in Exhibit 24, Drug File Inquiry Screen 2.

#### EXHIBIT 23: DRUG FILE INQUIRY SCREEN 1



**EXHIBIT 24: DRUG FILE INQUIRY SCREEN 2**

dhcp.i2w - Reflection 2

File Edit Connection Setup Script Window Help

DRUG NAME: ACETAMINOPHEN 325MG TAB (IEN: 263)

-----

PRICE PER DISPENSE UNIT: 0.005  
NATIONAL DRUG CLASS: CN103  
LOCAL NON-FORMULARY:  
QUANTITY DISPENSE MESSAGE: Enter quantity as number of TABS in multiples of 100 TABS  
CMOP DISPENSE: NO  
MESSAGE: \*\* OK 90 DAY SUPPLY \*\*

SYNONYMS:

APAP	TYLENOL
A325	333333333333
1111111111	ACETAMINOPHEN 325MG TAB
000173013555	666666444422

Enter RETURN to continue or '^' to exit:

14032, 42 VT400-7 - BIRMINGHAM CIO Compose Num Caps Hold

- ☛ The IEN displays on the first line, to the right of the Drug Name. The IEN is unique to this drug file entry. In most cases, it is the bar-coded number on the Unit Dose packages that are created in the Pharmacy. Manufacturers' National Drug Code (NDC) bar codes may display at the "SYNONYMS:" prompt of this display. If the drug is Non-Formulary (N/F), the "Non-Formulary:" prompt will be set to N/F.

## GLOSSARY

This section contains definitions for acronyms and terms used throughout this manual.

### Acronyms

ADR	<b>A</b> dverse <b>D</b> rug <b>R</b> eaction.
BCMA	<b>B</b> ar <b>C</b> ode <b>M</b> edication <b>A</b> dministration.
CHUI	<b>C</b> harter-based <b>U</b> ser <b>I</b> nterface.
CPRS	<b>C</b> omputerized <b>P</b> atient <b>R</b> ecord <b>S</b> ystem.
GUI	<b>G</b> raphical <b>U</b> ser <b>I</b> nterface.
IEN	<b>I</b> nternal <b>E</b> ntry <b>N</b> umber.
IV	<b>I</b> ntravenous.
MAH	<b>M</b> edication <b>A</b> dministration <b>H</b> istory.
MAR	<b>M</b> edication <b>A</b> dministration <b>R</b> ecord.
N/F	<b>N</b> on-formulary
NDC	<b>N</b> ational <b>D</b> rug <b>C</b> ode.
PC	<b>P</b> ersonal <b>C</b> omputer.
PRN	<b>P</b> ro <b>R</b> e <b>N</b> ata, or “as needed.”
VDL	<b>V</b> irtual <b>D</b> ue <b>L</b> ist.
VISTA	<b>V</b> eterans <b>H</b> ealth <b>I</b> nformation <b>S</b> ystems and <b>T</b> echnology <b>A</b> rchitecture.

## Terms

ADR	Any response to a drug which is noxious and unintended, and which occurs at doses normally used in humans for treatment, diagnosis, or therapy of a disease, or for modifying physiological functions, including toxicity caused by overdose, drug interaction, drug abuse, drug withdrawal, significant failure of expected action, food-drug interaction, or allergy.
Administration History Report	A report in CPRS that lists the date, time, and orderable item of a medication highlighted on the CPRS Meds Tab. This report is called “Medication History Report” in BCMA.
Audits	The process that tracks the activities of nurses administering medications, by recording selected types of events in the patient’s Medication Log.
BCMA	A <i>VISTA</i> software application used in VA medical centers for validating patient information and medications against active medication orders before being administered to a patient.
Clinician	Nursing personnel who administer active medication orders to patients on a ward. In a VA medical center, a number of teams may be assigned to take care of one ward, with specific rooms and beds assigned to each team.
Completed	This status for an IV bag indicates that the infusion has been completed, and the bag is being taken down or replaced with a new bag. No additional actions may be taken on a bag marked as “Completed,” other than to enter comments.
Continuous Order	A medication given continuously to a patient for the life of the order, as defined by the order Start and Stop Date/Time.
CPRS	A <i>VISTA</i> software application that allows users to enter patient orders into different software packages from a single application. All pending orders that appear in the Unit Dose and IV packages are initially entered through the CPRS package. Clinicians, managers, quality assurance staff, and researchers use this integrated record system.
Dispensed Drug	A drug whose name has the strength associated with it (e.g., Acetaminophen 325 mg). The name without the strength is called the “Orderable Item Name.”
Due List Report	A report that provides detailed information about active <i>and</i> future Unit Dose and IV medication orders that are “due” for administering to a patient during a time frame that you specify within a 24-hour period.

Given	When a medication is administered to a patient, it is considered to be “Given” and marked as such (with a “G”) in the Status column of the VDL.
GUI	The type of interface chosen for BCMA.
Held	This status indicates that the dose was “Held,” and marked as such (with an “H”) in the Status column of the VDL. Reasons might include the patient being temporarily off the ward, or if they refuse to take the medication. You can select and mark multiple medications as Held on the VDL using the Right Click drop-down menu. In the case of IV bags, this status indicates that the dose was Held. The only actions available for this type of IV bag are to mark the bag as Infusing or Refused, or to submit a Missing Dose Request to the Pharmacy.
IEN Code	The internal entry drug number (or drug name) entered by Pharmacy personnel into the Inpatient Medications V. 5.0 package to identify Unit Dose and IV medications.
Infusing	This status, for an IV bag, indicates that the bag is actively being infused. A nurse can enter a comment by right clicking on the bag. If an IV bag is scanned, the only allowable actions are to mark the IV bag as “Stopped” or “Completed.”
IV	A medication given intravenously (within a vein) to a patient from an IV Bag. IV types include Admixture, Chemotherapy, Hyperal, Piggyback, and Syringe
MAH	A patient report that lists a clinician’s name and initials, and the exact time that an action was taken on an order (in a conventional MAR format). Each order is listed alphabetically by the orderable item. The date column lists three asterisks (***) if a medication was Discontinued.
Medication Administration History Report	Also called “MAH,” a patient report that lists a clinician’s name and initials, and the exact time that an action was taken on an order (in a conventional MAR format). Each order is listed alphabetically by the orderable item. The date column lists three asterisks (***) if a medication was Discontinued.
Medication History Report	A report in BCMA that lists the date, time, and orderable item of a medication highlighted on the Virtual Due List. This report is called “Administration History Report” in CPRS.
Medication Log Report	Also called “Med Log,” a report that lists every action taken on a medication order. You can choose to include Comments and Audits performed on the patient’s medication orders.

Missing Dose	A medication dose considered “Missing.” BCMA automatically marks this order type (with an “M”) in the Status column of the Virtual Due after you submit a Missing Dose Request to the Pharmacy. If an IV bag displayed in the IV Bag Chronology area of the VDL is <i>not</i> available for administration, you may mark the IV bag as a Missing Dose using the Missing Dose button or by right clicking the IV bag and selecting the Missing Dose command in the Right Click drop-down menu.
Missed Medications Report	A report that lists information about Continuous and One-Time Unit Dose and IV Piggyback medications that were <i>not</i> administered to a patient.
National Drug Code	Also called “NDC,” the number assigned by a manufacturer to each item/medication administered to a patient.
Not Given	The status that a scanned medication marked as “Given,” but <i>not</i> actually taken by a patient, is changed to on the VDL. The administration will display on the VDL as it appeared <i>before</i> it was marked as “Given.” BCMA notes the status change only in the Audit Trail section of the Medication Log ( <i>not</i> on the VDL).
NOW Order	A medication order given ASAP to a patient, entered as a One-Time order by Providers and Pharmacists. This order type displays for a fixed length of time on the Virtual Due List, as defined by the order Start and Stop Date/Time.
Omitted	A medication that was <i>not</i> given during the medication pass because it was unintentionally missed.
On-Call Order	A specific order or action dependent upon another order or action taking place before it is carried out. For example, "Cefazolin 1gm IVPB On Call to Operating Room." Since it may be unknown when the patient will be taken to the operating room, the administration of the On-Call Cefazolin is dependent upon that event.
One-Time Order	A medication order given one time to a patient such as a STAT or a NOW order. This order type displays for a fixed length of time on the VDL, as defined by the order Start and Stop Date/Time.
Orderable Item	A drug whose name does NOT have the strength associated with it (e.g., Acetaminophen 325 mg). The name with a strength is called the “Dispensed Drug Name.”
PRN Effectiveness List Report	A report that lists PRN medications administered to a patient that needs Effectiveness comments.
Provider	Another name for the “Physician” involved in the prescription of a medication (Unit Dose or IV) to a patient.



PSB CPRS MED BUTTON	The name of the security “key” that must be assigned to nurses who document verbal- and phone-type STAT and NOW medication orders using the CPRS Med Order Button on the BCMA Virtual Due List.
PSB INSTRUCTOR	The name of the security “key” that must be assigned to nursing instructors, supervising nursing students, so they can access user options within BCMA.
PSB MANAGER	The name of the security “key” that must be assigned to managers so they can access the PSB Manager options within BCMA.
PSB STUDENT	The name of the “key” that must be assigned to student nurses so they can access user options within BCMA. This key also requires that a nurse sign on to BCMA.
Refused	This status for a Unit Dose order, or an IV bag,s indicates that the patient refused to take the dose. The only actions allowed on a “Refused” IV bag is to mark the bag as Infusing or Held, or to submit a Missing Dose Request for a replacement bag.
Removed	This status for a patch, is only available when removing an administered patch from a patient.
Schedule	The frequency at which a medication is administered to a patient. For example, QID, QD, QAM, Q4H.
Schedule Type	Identifies the type of schedule for the medication being administered to a patient.
Security Keys	Used to access specific options within BCMA that are “locked” without the security key. Only users designated as “Holders” may access these options.
Start Date/Time	The date and time that a medication is scheduled for administration to a patient.
STAT Order	A medication order given immediately to a patient, entered as a One-Time order by Providers and Pharmacists. This order type displays for a fixed length of time on the Virtual Due List, as defined by the order Start and Stop Date/Time.
Status	A code used to inform a clinician about the condition or progress of a medication order. For Unit Doses and IVPs/IVPBs, status codes include G=Given, H=Held, R=Refused, M=Missing, and RM=Removed (patch removal only). For IVs, status codes include I=Infusing, H=Held, R=Refused, S=Stopped, C=Completed, and M=Missing.
Stop Date/Time	The date and time that a medication order will expire, and should no longer be administered to a patient.

Stopped	This status for an IV bag indicates that the IV bag was scanned as Infusing, but was then stopped by a nurse. An IV bag may be stopped and restarted for a variety of reasons. The only actions allowed on a “Stopped” IV bag is to mark the bag as “Infusing,” “Completed,” “Held,” or “Refused.”
Unit Dose	A medication given to a patient, such as tablets, one dose at a time. If a patient receives more than one tablet, the clinician must document the number of dosages and the administration times on the Virtual Due List.
VDL	An on-line list used by clinicians when administering active medication orders (i.e., Unit Dose, IV Push, IV Piggyback, and large-volume IVs) to a patient. This is the Main Screen in BCMA.
Verify	When a Nurse or Pharmacist confirms that a medication order is accurate and complete, according to the information supplied by the Provider.
Virtual Due List	Also called “VDL,” an on-line list used by clinicians when administering active medication orders to a patient. This is the Main Screen in BCMA.
Ward Stock	Unit Dose and IV medications that are “stocked” on an ongoing basis on wards and patient care areas. They are packaged in a ready-to-use form or compounded by the medication administrator.

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